



2009 – 2010 Registration Form

Student's Name _____ Class/Level _____
(Please list additional classes) _____
(Please list additional classes) _____

Date Student Began Classes at EDC _____

School _____ Grade (2009-2010) _____

Birth Date ____/____/____ Telephone _____

Street Address _____

City _____ State _____ Zip _____

Emergency Contact and Phone _____

Father's Name _____ Cell Phone _____

Father's Employer _____ Business Phone _____

Father's Email _____

Mother's Name _____ Cell Phone _____

Mother's Employer _____ Business Phone _____

Mother's Email _____

Previous Dance Training (for students new to EDC beginning August 2009):

Please list your most *recent* training first and include any special summer study.

<u>Name of School</u>	<u>City, State</u>	<u>Year(s)</u>	<u># Classes</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you hear about EDC? _____

Would you like to volunteer? _____ Special Skills _____

Tuition Payment Agreement

I agree to pay EDC for the dance instruction of the above student per the published tuition rates for the student's period of study, unless I am applying for financial aid or scholarship. I understand that I can make a payment by check, payable to "EDC," MasterCard, Visa, Discover, or Debit (no cash), and that there will be a \$25 charge for returned checks and a \$15 charge for declined credit cards.

I understand that payment of tuition entitles students to take all the scheduled classes at their level, and that no refunds are given for classes missed because of illness or vacation.

I understand that tuition fees are **due on the first of each month or the first of each semester**; that if payment has not been received by the 10th day of the month or the 10th day from the beginning of a semester, a finance charge of 1.5% per month will be assessed as of the due date.

*Note: If you are applying for financial aid/scholarship, it is your responsibility to contact the EDC office to request the proper forms. Please see scholarship information below and initial the line provided.

Publicity Release

I hereby authorize EDC to record the student's picture on photographs, films, and tapes, and to edit these recordings at its discretion. EDC is permitted to use these materials for publicity, advertising and sales promotion. I acknowledge that no promises of compensation were made by EDC for such use.

Medical Release

In the event I cannot be reached, I hereby give my permission to any EDC faculty or staff to authorize any emergency care that may be required by the above student during participation in classes, performances, or any related EDC events. This authorization extends throughout the current academic year. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

***Does the student have any physical or mental conditions, allergies, or medications that we should be aware of? Please list and explain _____**

I have read, understand, and agree to the Tuition Agreement, Publicity Release, and Medical Release. I have completed the Registration Form in its entirety and understand that the registration form must be hand delivered or mailed to the EDC studio included with the first month tuition, or semester payment, and that payment is due at time of registration.

Name of Parent or Guardian: please print _____

Signature of Parent/Guardian or Student (18 or older)

Please mail this form and payment to:
Erie Dance Conservatory, 8335 Edinboro Road, Erie, PA 16509

Scholarship Deadline: **August 31, 2009** for Semester I and **January 18, 2010** for Semester II.
Scholarships are in effect from **August 31, 2009 through June 5, 2010.**

_____ I would like to apply for financial assistance for my child/children. I understand that this aid is limited and that me and/or my child will have to perform duties in and/or out of the studio. I understand that I can only be considered for scholarship after an application and all required attachments are submitted.

